

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

AKANVENG- WILLIAM Gink

Write the full name of each plaintiff.

24 CV 04953

(Include case number if one has been assigned)

-against-

CITY OF NEW YORK, Bronx Works,
DHS, MONTEFIORI Medical Center.

COMPLAINT

Do you want a jury trial?

Yes No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

2024 MAR 16 PM 1:01
SOUTHERN DISTRICT OF NEW YORK
CLERK'S OFFICE

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

- Federal Question**
- Diversity of Citizenship**

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

See Attached

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, Akanyene Stuk, is a citizen of the State of
(Plaintiff's name)

New York

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Akaniyene William Etuk,

Plaintiff,

v.

City of New York, BronxWorks, DHS, NYPD, Montefiore Medical Center,

Defendants.

Case No.: _____

COMPLAINT

Introduction

This is a civil rights action brought by Plaintiff, Akaniyene William Etuk, against the City of New York, BronxWorks, the New York City Department of Homeless Services (DHS), the New York City Police Department (NYPD), and Montefiore Medical Center for violations of Plaintiff's constitutional rights, including the right to be free from unreasonable seizures, the right to privacy, and violations of the Americans with Disabilities Act (ADA).

Jurisdiction and Venue

1. This Court has jurisdiction over this action under 28 U.S.C. § 1331 (federal question jurisdiction) and 42 U.S.C. § 1983 (civil action for deprivation of rights).

2. Venue is proper in the Southern District of New York under 28 U.S.C. § 1331(b) because the events giving rise to this claim occurred in this district.

Parties

3. Plaintiff, Akaniyene William Etuk, is a resident of Brooklyn, New York.
4. Defendant, the City of New York, is the designated entity to be sued under New York law for claims against the NYPD. The City's office is located at 100 Church Street, New York, NY 10007.
5. Defendant, BronxWorks, is a social services organization located at 3600 Jerome Avenue, Bronx, NY 10467.
6. Defendant, DHS, is a municipal agency located at 33 Beaver Street, New York, NY 10004.
7. Defendant, Montefiore Medical Center, is a healthcare facility located at 111 East 210th Street, Bronx, NY 10467.

Facts

8. On May 25, 2024 at approximately 11:00 AM, officers from the NYPD, accompanied by staff from BronxWorks and DHS, arrived at Plaintiff's residence at 3600 Jerome Avenue, Bronx, NY 10467.
9. Despite having established residency for over one year and without providing proper notification, BronxWorks staff forcibly removed Plaintiff from his residence.
10. Plaintiff had previously reported to BronxWorks about an incident involving a staff member calling him derogatory names, but no corrective action was taken.

11. The NYPD officers, without Plaintiff's permission, transported Plaintiff to Jacobi Medical Center.
12. At Montefiore Medical Center, medical staff injected Plaintiff with an unknown substance without his consent, violating Plaintiff's rights under the Health Insurance Portability and Accountability Act (HIPAA).
13. Plaintiff's registered service animal, a dog, was also taken from him without his permission.
14. As a result of these actions, Plaintiff suffered physical and emotional injuries.

Claims for Relief

Count I: Violation of the Fourth Amendment

15. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-14 as though fully set forth herein.
16. Defendants' actions in forcibly removing Plaintiff from his residence and transporting him without consent constituted an unreasonable seizure in violation of the Fourth Amendment.

Count II: Violation of the Americans with Disabilities Act (ADA)

17. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-14 as though fully set forth herein.
18. Defendants' actions in removing Plaintiff's service animal and failing to provide reasonable accommodations for his disability violated the ADA.

Count III: Violation of the Right to Privacy

19. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-14 as though fully

set forth herein. 20. Defendants' actions in forcing Plaintiff to identify himself and transporting him to a medical facility without consent violated Plaintiff's right to privacy.

Count IV: Excessive Force

21. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-14 as though fully set forth herein. 22. Defendants' use of force in removing Plaintiff from his residence and the subsequent medical intervention constituted excessive force.

Count V: False Imprisonment

23. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-14 as though fully set forth herein. 24. Defendants' actions in detaining and transporting Plaintiff without lawful justification constituted false imprisonment.

Count VI: Negligence

25. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-14 as though fully set forth herein. 26. Defendants' failure to provide proper notification and accommodations, and their neglect in handling Plaintiff's complaints, constituted negligence.

Additional Allegations

27. There is no evidence that these officers signed or did not sign an oath to "We the People."

28. There is no evidence that these officers are, in fact, police or policy enforcers for the original republic.

29. There is no evidence that these officers are not working for a foreign corporation.

30. There is no evidence that there was a victim to which Plaintiff may have caused harm.

Prayer for Relief

WHEREFORE, Plaintiff respectfully requests that this Court enter judgment in his favor and against Defendants, and award Plaintiff:

A. One million dollars (\$1,000,000.00) for each violation of Plaintiff's constitutional rights and the ADA; B. Punitive damages in an amount to be determined at trial; C. Declaratory relief stating that Defendants' actions violated Plaintiff's constitutional rights and the ADA; D. Injunctive relief preventing Defendants from engaging in similar conduct in the future; E. Reasonable attorney's fees and costs of this action; F. Such other and further relief as the Court deems just and proper.

Trial by Judge Demand

Plaintiff requests a trial by judge on all issues so triable.

Exhibits

- Exhibit A: Hospital Record
- Exhibit B: Dog Registration and Vaccination Papers

Dated: / /

Respectfully submitted,

Akaniyene William Etuk

Plaintiff, Pro Se

2402 Atlantic Avenue #04

Brooklyn, New York

Etuk May, 25 2024 Page 6 of 6

1(818) 485-9411 / 1(929) 676-0970

awetuk001@gmail.com



2336 Linden Boulevard
Brooklyn NY 11204
212-788-4000

Vet Treatment History

Owner Details

Akaniyene Etuk
1923 McDonald Avenue APT 167
BROOKLYN NY 11223

818 485 9411
818 485 9411

Animal Details

Name: Veilee
Type: Dog
Mixed: Yes
Color(1): Unknown (update later)
Gender: Female
Spayed / Neutered: Unknown
Age: 10 Months

This is to confirm that our records show that the animal described above has had the following vaccinations and treatments administered:

Vet Treatment	Type	Date Given	Type	Expiration Date	Route Of Admin	Result	Vet	License #
1	Rabies Vaccine	22-Oct-2022	Killed				VET-P 991234	NY-010887

Vet Treatment	Type	Due Date
1	Rabies Vaccine	22-Oct-2023

Vet Signature:

Dr. Michelle Lugones

Date: 10/22/2022 1:19:00 PM



Animal
Care Centers
of NYC

Reunification Form

326 East 110th Street
New York NY 10029
212-788-4000

Agent / Owner's Details

Person ID: 138876
Receipt #: 249314
Receipt Date: 7/12/2023

Person Name: Akaninyene Eink
Person Address: 1923 Mc Donald Avenue APT 167
BROOKLYN NY 11223
Email: awetuk01@gmail.com

Home Phone:
Mobile Phone: 818 489 9411

Animal Details:

	Animal ID	Name	Type	Mixed	Color(1)	Color(2)
1	176452	Veillee	Dog	Yes	Black Brown	
	Gender	Spayed / Neutered	Age	Incoming Date	License fee	
	Female	No	3 Years	6-Jul-2023		

Reunification Details:

Item	Amount

Products / Services:

Product / Service	Date	Quantity	Price Each
Microchip Implantation		1	\$0.00
Microchip Implantation		1	\$0.00
Bordetella Vaccine		1	\$15.00
DA2PP Vaccine		1	\$15.00
Dewormer Treatment		1	\$12.00
Medical Exam		1	\$30.00
NYC Dog Licence, unaltered [LICU]		1	\$34.00
Rabies Vaccine		1	\$15.00
Restoration/Redemption Fee		1	\$3.00
Total products / services fee included in payment details below:			\$124.00

Payment Details:

Fee	Amount
Reunification	\$0.00
Dog License	\$0.00
Amount Paid	\$0.00

Notes:

Entered By:456 991311 Printed By:456 991311 Printed On:Jul 12 2023 10:10AM

Reunification Agreement:

REUNIFICATION CONTRACT

Animal
Care Centers
of NYC

Agency Receipt

326 East 110th Street
New York NY 10029
212-788-4000Person DetailsPerson ID: 5951
Receipt #: 285399
Receipt Date: 5/25/2024

Person Name: Police 52nd Precinct Police 52nd Precinct

Person Address: 3016 Webster Avenue
Bronx NY 10467

Home Phone:

Mobile Phone: 718 220 5811

Email:

Identification Type:

ID Number:

Animal Details

Animal ID	Name	Type	Mixed	Color(1)	Color(2)
1 153814	Veillee	Dog	Yes	Black	Tan
Gender	Spayed / Neutered	Age	Primary Microchip #	Rabies Tag	Date In / Found
Female	No	3 Years 8 Months 3 Weeks (approx)	985113005559199	23-278818	25-May-2024

Payment Details:

Fee	Amount
Amount Paid	\$0.00

To as:

Jurisdiction: Bronx

Entered By:1582 992296 Printed By:1582 992296 Printed On:May 25 2024 9:47PM Entered By User ID:1582

Conditions:

ACC's Surrender Prevention program can help you keep your pet! This program can provide you with information about free or low-cost veterinary care, pet food, behavior training, and more. Would you like to speak with an Admissions Counselor for more information? YES NO

PLEASE CONSIDER CAREFULLY

ANIMALS SURRENDERED TO ACC ARE CAREFULLY EVALUATED BASED ON AVAILABLE MEDICAL AND BEHAVIOR INFORMATION FOR ADOPTION, TRANSFER TO A RESCUE PARTNER, OR EUTHANASIA (HUMANELY PUT TO DEATH) AT THE SOLE DISCRETION OF ACC.

In consideration of Animal Care Centers of New York City ("ACC") accepting the animal described herein ("this animal"), I understand and agree as follows (please initial each section):

ACC does not guarantee that this animal will be adopted by a member of the public or transferred to a rescue partner. I understand that the length of time the animal may be held and the outcome, including adoption or humane euthanasia, is solely ACC's decision.

ACC may require that questions or other requests regarding the outcome of this animal be made in writing.

If this animal has bitten a person or animal, I will inform ACC.

Montefiore

AFTER VISIT SUMMARY

Akaniyene Etuk MRN: 09857794 DoB: 1/8/1977

5/25/2024 Moses Division Hospital Emergency Department 718-920-5731

Instructions

- Go to Animal Care Centers of NYC at 326 E 110th Street, Manhattan to pick up your service animal
- Go to your new shelter Camba Atlantic House Men's Shelter at 2402 Atlantic Ave, Brooklyn 11233
- You can pick up your remaining property at Jerome Avenue Men's Shelter

Today's Visit

You were seen and/or your care was supervised by: Joan Gerbasi, MD, Adele T Munsayac, MD, Ayol Samuels, MD, Aubrey Vinh, MD, Mohana Biswas, MD, Zoe Kratina-Hathaway, MD, Arianne Foster, MD

Reason for Visit

Agitation

Diagnosis

Agitation

Lab Tests Completed

Advanced microscopic (Ordered BY LAB ONLY)

Basic Metabolic Panel

CBC

Hematology Reflex Trigger

Liver Tests

Manual Differential & Smear Review

Thyroid Stimulating Hormone (TSH)

Thyroxine (T4)

Urinalysis

Lab Tests in Progress

FLU/RSV + SARS-CoV-2 - POC

Urine, Drugs Screen (9) plus Buprenorphine

If the defendant is an individual:

The defendant, _____, is a citizen of the State of
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If the defendant is a corporation:

The defendant, CITY OF NEW YORK ^{INC}, is incorporated under the laws of
the State of NEW YORK

and has its principal place of business in the State of _____

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____.

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

AKANIRENG W

First Name

Middle Initial

ETUK

Last Name

2402 ATLANTIC AVENUE

Street Address

BROOKLYN

County, City

NY

11233

State

Zip Code

929 676 -0970

Telephone Number

Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

See Attached

First Name	Last Name
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Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City	State	Zip Code
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Defendant 2:

See Attached

First Name	Last Name
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Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City	State	Zip Code
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Defendant 3:

See Attached

First Name	Last Name
------------	-----------

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City	State	Zip Code
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Defendant 4:

See Attached

First Name _____ Last Name _____

Current Job Title (or other identifying information) _____

Current Work Address (or other address where defendant may be served) _____

County, City _____ State _____ Zip Code _____

III. STATEMENT OF CLAIM

Place(s) of occurrence: _____

Date(s) of occurrence: _____

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

See Attached

See

ATTACHED

SEE

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

ATTACHED

SEE

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

ATTACHED

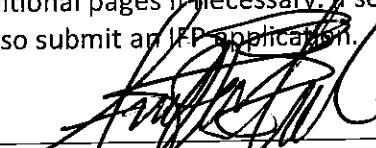
SEE

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated	<u>08/14/24</u>			Plaintiff's Signature		
First Name	<u>AKANIYENG</u>		Middle Initial	<u>W</u>		
Street Address	<u>2402 ATLANTIC AVE</u>			Last Name	<u>EMB</u>	
County, City	<u>BROOKLYN</u>		State	<u>NY</u>		
Telephone Number	<u>929 676 - 0970</u>			Zip Code	<u>11233</u>	
				Email Address (if available)		

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.



**United States District Court
Southern District of New York**

Pro Se (Nonprisoner) Consent to Receive Documents Electronically

Parties who are not represented by an attorney and are not currently incarcerated may choose to receive documents in their cases electronically (by e-mail) instead of by regular mail. Receiving documents by regular mail is still an option, but if you would rather receive them only electronically, you must do the following:

1. Sign up for a PACER login and password by contacting PACER¹ at www.pacer.uscourts.gov or 1-800-676-6856;
2. Complete and sign this form.

If you consent to receive documents electronically, you will receive a Notice of Electronic Filing by e-mail each time a document is filed in your case. After receiving the notice, you are permitted one "free look" at the document by clicking on the hyperlinked document number in the e-mail.² Once you click the hyperlink and access the document, you may not be able to access the document for free again. After 15 days, the hyperlink will no longer provide free access. Any time that the hyperlink is accessed after the first "free look" or the 15 days, you will be asked for a PACER login and may be charged to view the document. For this reason, *you should print or save the document during the "free look" to avoid future charges.*

IMPORTANT NOTICE

Under Rule 5 of the Federal Rules of Civil Procedure, Local Civil Rule 5.2, and the Court's Electronic Case Filing Rules & Instructions, documents may be served by electronic means. If you register for electronic service:

1. You will no longer receive documents in the mail;
2. If you do not view and download your documents during your "free look" and within 15 days of when the court sends the e-mail notice, you will be charged for looking at the documents;
3. This service does *not* allow you to electronically file your documents;
4. It will be your duty to regularly review the docket sheet of the case.³

¹ Public Access to Court Electronic Records (PACER) (www.pacer.uscourts.gov) is an electronic public access service that allows users to obtain case and docket information from federal appellate, district, and bankruptcy courts, and the PACER Case Locator over the internet.

² You must review the Court's actual order, decree, or judgment and not rely on the description in the email notice alone. See ECF Rule 4.3

³ The docket sheet is the official record of all filings in a case. You can view the docket sheet, including images of electronically filed documents, using PACER or you can use one of the public access computers available in the Clerk's Office at the Court.

500 PEARL STREET | NEW YORK, NY 10007
300 QUARROPAS STREET | WHITE PLAINS, NY 10601

PRO SE INTAKE UNIT: 212-805-0175

CONSENT TO ELECTRONIC SERVICE

I hereby consent to receive electronic service of notices and documents in my case(s) listed below. I affirm that:

1. I have regular access to my e-mail account and to the internet and will check regularly for Notices of Electronic Filing;
2. I have established a PACER account;
3. I understand that electronic service is service under Rule 5 of the Federal Rules of Civil Procedure and Rule 5.2 of the Local Civil Rules, and that I will no longer receive paper copies of case filings, including motions, decisions, orders, and other documents;
4. I will promptly notify the Court if there is any change in my personal data, such as name, address, or e-mail address, or if I wish to cancel this consent to electronic service;
5. I understand that I must regularly review the docket sheet of my case so that I do not miss a filing; and
6. I understand that this consent applies only to the cases listed below and that if I file additional cases in which I would like to receive electronic service of notices of documents, I must file consent forms for those cases.

Civil case(s) filed in the Southern District of New York:

Please list all your pending and terminated cases to which you would like this consent to apply. For each case, include the case name and docket number (for example, John Doe v. New City, 10-CV-01234).

Name (Last, First, MI)

Address

City

State

Zip Code

Telephone Number

E-mail Address

Date

Signature

Click Here to Save